

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

CITY OF CAMBRIDGE

File with: City or Town Clerk or Election Commission	Please i	nrint o	r tvo	aggi i hifolimalibh,	Adli 32	natures		
Fill in dates: Reporting Period Beginning	Month Jan	Date	l	Year 2008	_Ending _	Month Dec	Date '3 (	

Please print or type/aुभ्। ग्रिल्सावमाना, 'except signatures.					
Fill in dates:  Reporting Period Beginning  Month  Date  Year	2008 Ending Dec 31 2008				
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding election	on   30 day after election   year-end report   dissolution				
Patricia M. Nolan  Full Name of Candidate (if applicable) School Committee—Cambridge Office Sought and District 184 Heron Avr. Camb. MA 02B8  Residential Address 617-497-7230  Tel. No. (optional)	Committee to Elect Patty Nolau  Committee Name  David G, Pabtin  Name of Committee Treasurer  184 He von Ave. Camb. M4 02138  Committee Mailing Address  LO17-497-7230  Tel. No. (optional)				
SUMMARY BALAN  Line 1: Ending balance from prev  Line 2: Total receipts this period (  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this per  Line 5: Ending balance (line 3 minus line 5: Total in-kind contributions the line 7: Total (all) outstanding liability  Line 8: Name of bank(s) used	(page 2, line 11)  \$\frac{150641}{\$\text{ 130.72}}\$  ine 4)  \$\frac{1385,69}{\$\text{ 1385,69}}\$  ties (page 4)  \$\frac{5400.00}{\$\text{ 5400.00}}\$				

1	Diffe w. 1 other receipts this period (page 2, line 11)	<u> </u>
1	Line 3: Subtotal (line 1 plus line 2)	<b>s</b> 1506,4
	Line 4: Total expenditures this period (page 3, line 14)	\$ 120.70
	Line 5: Ending balance (line 3 minus line 4)	<b>s</b> 1385.6
1	Line 6: Total in-kind contributions this period (page 4)	s - o -
	Line 7: Total (all) outstanding liabilities (page 4)	\$ 5400.0
1	Line 8: Name of bank(s) used Wainwright Ban	k + Timest

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signes under the penalties of perjury:

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	ach page. Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
<u> </u>				
				•
			-	
		-		
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

mber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
mouthly	Wash unig bt Bay E	Frünklin St. Boston, M.A	Bankfeos	120	72
	7				
			·		
				No.	
		***************************************			
:	,	Line 12:	Expenditures over \$50		
	,	Line 13:	Expenditures \$50 and under*	,	
]	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	120	72

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
		an Q		
				·
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Pror	self	184 Havan Ave Camb. MA02138	loan to campaign	2400,00
10/28/07	l'	11	1	3000,00
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	5400,00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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